HEALTH DISPARITIES IN MINNEAPOLIS



Minneapolis Department of Health and Family Support

March 2003

Health disparities are found among many different groups of people. People of different ages, sexual orientations, genders, and racial and ethnic groups experience higher rates and greater severity of health problems than their counterparts. This report focuses specifically on racial and ethnic disparities.

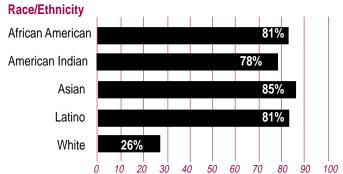
Thanks in part to the efforts of public health and community agencies, there have been significant improvements in many health indicators over the past few years. However, racial and ethnic health disparities still exist, and must be eliminated in order for all residents to share fully in the civic and economic opportunities that Minneapolis offers.

In February 2002, state funds were awarded to community agencies to address disparities, and community agencies serving Minneapolis residents were awarded \$6 million.

Disparity in **INCOME** is a major contributor to health differences among racial groups. However, racial health disparities persist at every level of income. A commonly used estimate of children and families living in poverty is enrollment in the free and reduced price school lunch program. In Minneapolis Public Schools, African American, Asian, American Indian and Latino students are at least three times as likely as white students to be enrolled in the free and reduced price lunch programs.

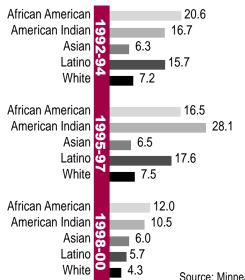
Public School Students Enrolled in FREE AND REDUCED PRICE SCHOOL LUNCH PORGRAMS, 2001-02

Percentage of Minneapolis



Source: MN Department of Children, Families and Learning

MINNEAPOLIS INFANT MORTALITY RATE per 1,000 Live Births

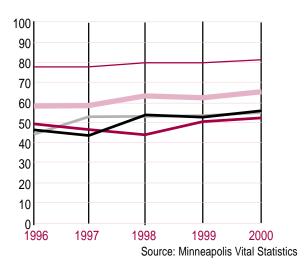


In Minneapolis, **INFANT MORTALITY** rates remain more than twice as high among African American and American Indian babies as compared to whites. Fortunately, these disparities have decreased significantly during the 1990s.

Source: Minneapolis Vital Statistics

Percentage of Mothers RECEIVING PRENATAL CARE

in the First Trimester

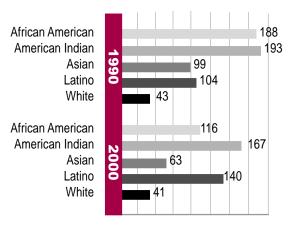


PRENATAL CARE IN THE FIRST

TRIMESTER is a recommended component of a healthy pregnancy. In Minneapolis, eight out of ten white women receive prenatal care in the first trimester, whereas only slightly more than half of American Indian mothers received timely prenatal care. Asian and Latino mothers fare only slightly better. Care to African American mothers has improved steadily, yet only two in three mothers are cared for in the first trimester.

YEAR	1996	1997	1998	1999	2000
African American	60%	60%	65 %	64%	66%
American Indian	50%	49%	46%	51%	53%
Asian	46%	55%	55%	54%	56%
Latino	48%	46%	55%	55%	56%
White	79%	79%	80%	80%	81%

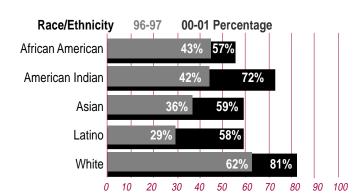
MINNEAPOLIS TEEN BIRTH RATE per 1,000 females aged 15-19



Source: Minneapolis Vital Statistics

TEEN PARENTS face a greater chance of long-term poverty, and children of teen parents face higher risks for poor birth outcomes and later difficulties than do children of women age 20 and older. Teenage pregnancy rates, birth rates, and abortion rates in Minneapolis have all decreased over the past decade. This decrease is seen in Minnesota and the nation as well. However, there is a substantial difference in the rate of teen births among racial groups. In 2000, the teen birth rate to American Indians was four times that of whites; and Latino rates were 3½ times higher than that of whites.

UP-TO-DATE IMMUNIZATIONS at 24 months for Minneapolis



CHILDHOOD IMMUNIZATIONS

protect against diseases such as measles, diphtheria, pertussis, polio, mumps, and rubella that were leading causes of childhood sickness and death. A recent study found that less than 60% of African American, Asian, and Latino 24-month-old babies in Minneapolis were fully immunized. The current rates, while still too low, reflect an improvement compared to almost 4 years ago, however.

Source: MN Department of Health

People aged 15 to 24 in Minneapolis are a physically healthy group, yet they suffer from high numbers of deaths due to **VIOLENCE**. Homicide is the leading cause of death for this age group among all races. Among whites in the age group, 27% of all deaths are due to homicide compared with 69% among African Americans, 55% among American Indians, and 44% among Latinos.

Compared to other large cities in the U.S., Minneapolis has one of the highest rates of **SEXUALLY TRANSMITTED INFECTIONS (STIs)**. The greatest disparities in Minneapolis are found among adolescents aged 15 to 19. While the number of gonorrhea cases among African American teens of this age has fallen by 21 percent since 1998, they experienced a rate of gonorrhea 27 times that of whites in 2000.

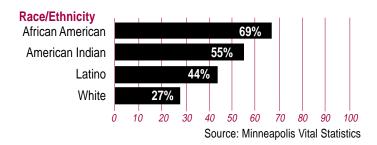
The rate of **SMOKING** among adults and teens has dropped in the past few years, thanks in part to concerted efforts among many community-based organizations. Unfortunately, the rate of smoking is about two times higher among American Indians; and about 1.5 times higher among Blacks/African Americans compared to Hispanics, Asians, and Whites.

CHRONIC CONDITIONS

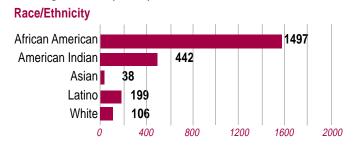
disproportionately affect African Americans, American Indians, and Latinos. People of Asian descent, however, often experience low rates of many chronic conditions.

The percentage of adults with diabetes and high blood pressure is higher among American Indians and African Americans than among Asians and Latinos. However, these conditions may be underdiagnosed among people of color due to less access to healthcare.

Percentage of **DEATHS DUE TO HOMICIDE** among 15 to 24-year-olds in Minneapolis, 1994-1998

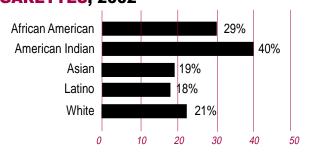


Minneapolis GONORRHEA rate per 100,000, Year 2000



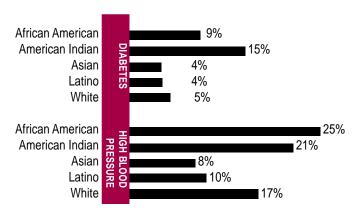
Source: MN Department of Health

Minneapolis ADULTS WHO SMOKE CIGARETTES, 2002



Source: SHAPE, 20021

Percentage of Minneapolis adults with doctor-diagnosed CHRONIC CONDITIONS



Source: SHAPE, 20021

HEALTH INSURANCE coverage is one indicator of access to health care. American Indians and Latinos have particularly low rates of insurance. Lack of insurance is associated with lack of a usual source of care, unmet health care needs, less preventive service use, and ultimately poorer health outcomes. Higher percentages of American Indians and Latinos go uninsured part of the year, or the entire year, as well.

INSURANCE COVERAGE

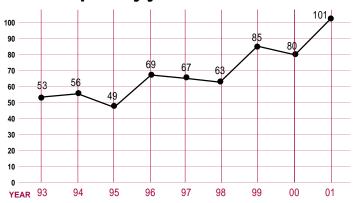
African American 85%
American Indian 63%
Asian 89%
Latino 58%
White 93%

Source: SHAPE, 20021

Although there are relatively few people with **TUBERCULOSIS (TB)**, it is a continuing health concern in Minneapolis. The number of cases of TB has almost doubled in the past decade. Since developing countries have higher rates of TB than does the U.S., people from these areas are more likely to have acquired TB. As a result, in Hennepin County, 84% of the TB cases were found among foreign-born residents.

NUMBER OF NEW TB CASES

in Minneapolis by year:



Source: MN Department of Health

RECOMMENDATIONS

Community

- Plan and implement strategies to encourage healthy behaviors and discourage unhealthy ones in ways that promote personal responsibility and reach out to isolated individuals.
- Investigate methods to use community assets to leverage resources for health promotion.

Policy Makers

- Maintain the Eliminating Health Disparities Grants at their current funding levels. Recent efforts are showing success, but continued investment is vital to eliminate health disparities among American Indians and peoples of different races and ethnicities.
- Encourage partnerships between public health and other sectors to address social and economic determinants of health.
- Increase the participation and leadership of African Americans, Asians, American Indians, and Latinos in health professions.
- Improve the collection of racial and ethnic information in health data to better understand how care is delivered.
- Develop approaches to help all low-income workers become insured.
- Maintain and strengthen a safety net that assures poor families receive care.

Providers

city of lakes

- Develop models for culturally appropriate care among service providers and provide culturally sensitive health education materials.
- Adopt Census 2000 format for the collection of race and ethnicity data to ensure consistency.
- Increase quality and availability of interpreter services in health and social service settings.

¹ SHAPE 2002 is a survey of over 6,000 Minneapolis residents conducted jointly by the Minneapolis Department of Health and Family Support, Bloomington Health Department, and Hennepin County Community Health Department.

Minneapolis Department of Health and Family Support

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250 South 4th Street – Room 510 Minneapolis, MN 55415

PREPARED BY
Dave Johnson, MPH (612)673-3948
David Rak, MPH (612)673-3141